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CONFIRMATION NO. 2982

<b>SERIAL NUMBER</b> 10/761,527	<b>FILING OR 371(c) DATE</b> 01/20/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> P/727-125
<b>APPLICANTS</b> Ming-Jeng Shue, Taichung City, TAIWAN; Deborah Huang, Taichung City, TAIWAN; <b>** CONTINUING DATA</b> <i>one</i> <i>st</i> ***** <b>** FOREIGN APPLICATIONS</b> <i>yes</i> <i>st</i> ***** TAIWAN 92112695 05/09/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY ** ** 04/26/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> <i>6</i> <b>INDEPENDENT CLAIMS</b> <i>2</i> <i>SA</i>
<b>ADDRESS</b> 2352				
<b>TITLE</b> Respiratory mask with an air-impermeable shield				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	